Background. Advances in HIV treatment changed the landscape of the epidemic from a fatal to a chronic disease. The number of patients living with HIV is expected to increase as they are living longer. Compared with the general population, older HIV-infected patients suffer additional comorbidities and often take several medications, leading to polypharmacy and drug interactions. Besides that the HIV population is aging, more patients know their status or want to access pre-exposure prophylaxis for prevention. Furthermore, the HIV workforce is aging and retiring without a new generation of providers to replace them. There is a fundamental concern about the readiness of future physicians to care for the HIV population. In response to this anticipated workforce shortage, an HIV Training Track was established at Yale Primary Care Residency Program in 2012.

Methods. Two to three residents were recruited into the HIV training track each year. Residents have their continuity practice in the institution's HIV Clinic and rotate on the inpatient HIV Firm each year. Otherwise, residents participate in all of the core rotation and curricular activities of the Primary Care Residency. The authors will (i) display the process of building the infrastructure of the HIV training program, (ii) describe the curriculum, and (iii) share the 5 years experiences and outcomes.

Results. The program enrolled a cohort of 11 residents between 2012 and 2017. Residents managed a panel of 30–40 HIV-patients with diverse demographics. A medical record review revealed high performance measures in HIV and non-HIV conditions. 100% of eligible patients were on ART, 92% of patients were retained in care and 92% of those on ART had HIV viral suppression. In addition, all residents completed an HIV knowledge assessment test and showed 26% increase in their score at 1 year. There was 100% retention of residents and faculty. Residents and patients demonstrated high satisfaction with the program.

Conclusion. A novel HIV training track is feasible and can be successfully implemented. Expanding HIV-specific curricula within primary care residency program can build workforce of providers to meaningfully care for the aging HIV population.

Disclosures. All authors: No reported disclosures.

600. To Study the Status of HIV Disclosure in Children and Adolescents

Alok Hemal Sr., MBBS, MD, CCST(UK) and Meetu Singh, MD Paediatrics; Pediatrics, PGIMER Dr. Ram Manohar Lohia Hospital, New Delhi, India

Session: 62. HIV: Management and Clinical Outcomes
Thursday, October 4, 2018: 12:30 PM

Background. Disclosure to HIV-infected children regarding their diagnosis is important as expanding numbers of HIV-infected children attain adolescence and may become sexually active. HIV disclosure is an important step toward long-term disease management and necessary for the transition from pediatric care into adolescent and adult care settings.

Methods. This was a cross-sectional study carried out in 144 caregivers of Children and adolescents aged between 6 and 16 years of age attending the pediatric ART clinic. The subjects were enrolled consecutively and were interviewed using a structured questionnaire after taking written informed consent. The questionnaire included information on the demographic details, the disclosure status of HIV infection in children and perceptions about disclosure of status to the child.

Results. The mean age of children was 11.40 ± 2.86 years. Although 93.8% of caregivers believed children should know their HIV status, the prevalence of disclosure to the child was only 33.3%. Disclosure had been done primarily by caregivers (72.9%). Caregivers reported that (22.9%) children self-disclosed. Majority of caregivers felt 10–12 years as the appropriate age for disclosing the HIV infection status. Most of children 89.6% acquired HIV through vertical transmission. Majority of care givers 83.3% believed that care givers are most suitable person for disclosure. Furthermore, in our study 66.7% children were unaware of this HIV status and most common reason (92.7%) for their nondisclosure was child does not understand about illness and others to be 82.3% did not disclose as child may tell secret to others and 66.7% child is too young to understand the disease. There was increase in drug compliance 47.9% and improvement in behavior 12.5% noticed in children.

Conclusion. In our study prevalence of HIV disclosure was 33.3% there was increase in drug compliance, improvement in behavior, school performance and attendance. Most common reason for their nondisclosure was child does not understand illness and child may tell secret to others.

Disclosures. All authors: No reported disclosures.

601. Prescription Drug Misuse in an HIV-Infected US Military Cohort

Robert Deiss, MD[1]; Morgan Byrne, MPH[2]; Derek Larson, DO[3]; Anuradha Ganesan, MD, MPH[4]; Adi Noiman, PhD[5]; Eric Garges, MD, MPH[5]; Kelli Randell, MD[6]; Jason Okulicz, MD[7]; Karl Kronmann, MD, MPH[8]; Christina Schofield, MD FACP, FIDSA[9]; Grace Macalino, PhD[10]; Ryan Maves, MD, FCCP, FIDSA[11] and Brian Agan, MD[2]; [1]Infectious Diseases Clinical Research Program, Uniformed Services University, Bethesda, Maryland, [2]Infectious Disease Clinical Research Program, Uniformed Services Unifersity of Health Sciences, Rockville, Maryland, [3]Division of Infectious Diseases, Naval Medical Center San Diego, San Diego, California, [4]Preventive Medicine and Biostatistics, Infectious Disease Clinical Research Program, Uniformed Services University of the Health Sciences, Bethesda, Maryland, [5]Infectious Disease Clinical Research Program, Department of Preventive Medicine and Biostatistics, Uniformed Services University of the Health Sciences, Bethesda, Maryland, [6]United States Navy, San Diego, California, [7]Infectious Disease, San Antonio Military Medical Center, Fort Sam Houston, Texas, [8]Naval Medical Center Portsmouth, Portsmouth, Virginia, [9]Madigan Army Medical Center, Tacoma, Washington, [10]Marimac Insight, Simpsonville, Maryland, [11]Infectious Diseases, Naval Medical Center San Diego, San Diego, California

Session: 62. HIV: Management and Clinical Outcomes
Thursday, October 4, 2018: 12:30 PM

Backgrounds. Prescription drug misuse (PDM) has markedly increased over the last decade and is a significant contributor to the national opioid epidemic. HIV+ individuals are particularly vulnerable to PDM as they experience high levels of chronic pain, anxiety and depression. We examined the prevalence of PDM and associated risk factors among HIV-infected subjects in our cohort.

Methods. The US Military HIV Natural History Study (NHS) is comprised of HIV+ active duty, retired military personnel and dependents. Since 2014, participants have completed a computerized behavioral survey regarding patterns of drug use and sexual behavior. We specifically queried topics including use of narcotics, benzodiazepines or stimulants without a prescription or use of medications not as prescribed. Logistic regression was used to compare those reporting and not reporting a lifetime history of PDM. Analyses used anonymous data.

Results. Among 1,558 respondents, 292 (18.7%) reported a history of PDM. The median age of individuals reporting history of PDM was 45 years (interquartile range [IQR] 31–53) compared with individuals without PDM (41 years; IQR 29–35; $P = 0.049$); the groups did not differ by race, CD4 count or viral load. The prevalence of lifetime PDM was highest among dependent individuals (31.8%), compared with retired (20.6%) or active-duty personnel (15.9%; $P = 0.003$ for comparison). After adjusting for age and duty status, military officers were significantly less likely to report PDM than enlisted personnel (OR 0.51; IQR 0.31–0.85). Those with a history of PDM were more likely to consume ≥3 alcoholic drinks/day (OR 1.9; IQR 1.4–2.5). In a sub-analysis of active-duty personnel only (median age 30 years), individuals reporting a history of PDM had fewer years since HIV diagnosis (median 2.9 years vs. 3.9 years, $P = 0.019$).

Conclusion. We found prevalent PDM among HIV-infected military personnel and beneficiaries, and PDM was associated with at-risk drinking. This is the first estimate of PDM among HIV+ active-duty personnel, and longitudinal studies in similar cohorts will be useful in further characterizing the epidemiology of PDM. The higher prevalence among recently diagnosed active-duty personnel may suggest an increasing scope of PDM in this group, and interventions to decrease PDM are urgently needed.

Disclosures. All authors: No reported disclosures.

602. Factors Associated With Erectile Dysfunction Diagnosis in HIV-Infected Individuals: A Case–Control Study

Nathan Jansen, DO[1]; Colton Daniels, MS[2]; T.S. Sunil, PhD, MPS[3]; Xiaohe Xu, PhD, MPS[3]; Jason M. Cota, PharmD, MSc[4]; Morgan Byrne, MPH[5]; Anuradha Ganesan, MD, MPH[6]; Robert Deiss, MD[7]; Brian Agan, MD[6] and Jason Okulicz, MD[1]; [1]Infectious Disease, San Antonio Military Medical Center, Ft Sam Houston, Texas, [2]University of San Antonio/Department of Sociology, San Antonio, Texas, [3]University of Texas San Antonio, Department of Sociology, San Antonio, Texas, [4]University of the Incarnate Word, San Antonio, Texas, [5]Infectious Disease Clinical Research Program, Uniformed Services Unifersity of Health Sciences, Rockville, Maryland, [6]Infectious Disease Clinical Research Program, Uniformed Services University of the Health Sciences, Bethesda, Maryland, [7]Infectious Diseases Clinical Research Program, Uniformed Services University, Bethesda, Maryland

Session: 62. HIV: Management and Clinical Outcomes
Thursday, October 4, 2018: 12:30 PM

Background. HIV-infected men have increased incidence of erectile dysfunction (ED) compared with men without HIV infection. Risk factors for ED among HIV-positive individuals have not been widely described.

Methods. A retrospective cohort study was completed evaluating participants in the US Military HIV Natural History Study, a cohort of HIV-infected active duty members and beneficiaries. Men with a diagnosis of ED after HIV diagnosis were included ($n = 488$). Cohort controls ($n = 976$) without ED diagnosis were matched 2:1 by age at HIV diagnosis. Multivariate logistic regression model was used to identify risk factors for ED.

Results. At HIV diagnosis, the median CD4 count was similar for cases (523 cells/μL, IQR 396–675) and controls (508 cells/μL, IQR 366–673; $P = 0.310$) and the overall median age was 32 years. At ED diagnosis, cases had a median age of 43 years (IQR 37.0–49.0) and 445 (92.3%) were on antiretroviral therapy (ART). The median time from HIV diagnosis to ART start was longer for cases (5.0 years, IQR 2.0–9.0) compared with controls (3.0 years, IQR 1.0–6.0; $P < 0.001$). Cases had a higher proportion of the following diagnoses compared with controls ($P < 0.001$ for all): depression (33.4% vs. 21.7%), hypertension (37.9% vs. 20.4%), hyperlipidemia (54.3% vs. 32.4%), tobacco use (31.1% vs. 23.1%), sleep apnea (14.8% vs. 4.2%) and diabetes/cardiovascular disease (CVD)(10.5% vs. 4.7%). Multivariate logistic regression model is reported below (table).

Logistic Regression Model to Predict ED

Characteristic	Odds Ratio	95% CI	P-value
Sleep apnea	2.62	1.69–4.05	<0.001
Time from HIV diagnosis to ART start > mean	2.07	1.58–2.71	<0.001
African-American race	1.76	0.90–3.42	0.096
Diabetes/cardiovascular disease	1.61	1.01–2.58	0.048
Tobacco use	1.42	0.99–2.04	0.057
Hypertension	1.36	1.02–1.82	0.034
Hyperlipidemia	1.26	0.96–1.64	0.092
Depression	1.24	0.94–1.63	0.130
CD4 count <200 cells/μL at HIV diagnosis	0.63	0.32–1.25	0.184
Prior protease inhibitor use	0.43	0.31–0.60	<0.001